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| **ME/CFS Advocacy Day  Travel Award  Application** | Date Submitted:  Date Registered for ME/CFS Advocacy Day: |
| NAME: | Current Occupation: |
| Your Relationship to ME/CFS:  MAILING ADDRESS  (Street, city, state, postal code, country): | Person or organization representing (if any):  MAILING ADDRESS  (Street, city, state, postal code, country): |
| Your members of Congress:  Senator:  Senator:  Representative:  Please describe any previous contact or advocacy: | Members of Congress for the person or organization representing:  Senator:  Senator:  Representative:  Please describe any previous contact or advocacy: |
| DATES OF PROPOSED TRAVEL (MM/DD/YYYY)  From: Through: | PROPOSED TOTAL BUDGET:  (Attach budget details to application)  Travel Award Amount Requested: |
| SEND CHECKS TO THE ATTENTION OF:  Name:  Title:  Address:  Tel: Email: | |
| APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I affirm that without this award it would be too difficult if not impossible for me to participate in ME/CFS Advocacy Day on May 15th in Washington DC. | SIGNATURE OF APPLICANT  (IN ink. “Per” signature not acceptable)  DATE: |

Briefly, outline your qualifications for this travel award. How will you help advocate for ME/CFS?

Briefly, tell us your ME/CFS story.